

ENTRY BLANK

14-17

PLEASE TYPE OR PRINT

☒ Ms.

☐ Mr. Artist

Barbara Bruck

(Last Name Last)

Permanent

Address

2904 Scarborough Rd. Clive, Mo

Street

City

44118

Daytime Tel. (216)

321-5034

Zip

Area Code

or 991-5248

Temporary or

Studio Address

Street

City

Daytime Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense to this address: _____

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

Barbara M. Bruck

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

Maya

Price of NFS

Insurance Value
if NFS Only \$85.00

Size

11 x 14 framed

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED
REJECTED		REJECTED
X		

2

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

gel sil prt
untitled Barbara Bruce

Price of NFS

Insurance Value
If NFS Only \$85.00

Size

11 x 14 Framed

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED
X		X	83
REJECTED		REJECTED	DATE
			5/7

36(3)

DETACH

1985 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Barbara Bruck

Name

2904 Scarborough Rd.

Address

Cleveland Hts., Ohio

City & State

44118

Zip

NOTIFICATION #2

DO NOT
DETACH**1**☐ 1. Paintings☐ 2. Graphics☒ 3. Photography☐ 4. Sculpture☐ 5. Crafts

Title

Maya

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

X

2☐ 1. Paintings☐ 2. Graphics☒ 3. Photography☐ 4. Sculpture☐ 5. Crafts

Title

Untitled

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

36 (3)

X

RETURN OF OBJECTS:

REJECTED: JUNE 4-8

ACCEPTED: JULY 29-AUGUST 3

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed

This is your only receipt to claim your object(s).